

124870

4 COPIES OF THIS ATTACHMENT 1



COUNTY OF FAIRFAX
Department of Planning and Zoning
Zoning Evaluation Division
 12055 Government Center Parkway, Suite 801
 Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications


APPLICATION No: _____

RECEIVED
 (Staff will assign)
 Department of Planning & Zoning

MAR 24 2014
 Zoning Evaluation Division

APPLICATION FOR A SPECIAL PERMIT

(PLEASE TYPE or PRINT IN BLACK INK)

APPLICANT	NAME NORMA E. SANCHEZ-BUDHU	
	MAILING ADDRESS 9238 OKLA DR., FAIRFAX, VA 22031	
	PHONE HOME (703) 978-4204	WORK (703) 978-4204
	PHONE MOBILE (703) 795-6094	EMAIL norma_e_sanchez@yahoo.com
PROPERTY INFORMATION	PROPERTY ADDRESS 9238 OKLA DR., FAIRFAX, VA 22031	
	TAX MAP NO. 0584 10 0025	SIZE (ACRES/SQ FT) 29,192
	ZONING DISTRICT R-1	MAGISTERIAL DISTRICT PROVIDENCE
	PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A	
SPECIAL PERMIT REQUEST INFORMATION	ZONING ORDINANCE SECTION 8-305-	
	PROPOSED USE HOME CHILDCARE FACILITY	
AGENT/CONTACT INFORMATION	NAME N/A	
	MAILING ADDRESS	
	PHONE HOME ()	WORK ()
	PHONE MOBILE ()	EMAIL
MAILING	Send all correspondence to (check one): <input type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact	
<p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p>		
NORMA E. SANCHEZ-BUDHU		
TYPE/PRINT NAME OF APPLICANT/AGENT		SIGNATURE OF APPLICANT/AGENT

DO NOT WRITE IN THIS SPACE

SP 2014-017

Date Application accepted: _____ Application Fee Paid: \$ _____